

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027646

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 169 Primary Registration District No. _____ Registrar's No. 24

FILED AUG 13 1962

1. PLACE OF DEATH a. COUNTY KNOX		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 4 1/2 mi NW of Novelty		Length of stay in lb life	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Guy H Murray			4. DATE OF DEATH Month Aug Day 6 Year 1962		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 25 Sept 1907	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and state or country) Knox County	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Charles M. Murray		13b. MOTHER'S MAIDEN NAME Sarah Ellen Arment	
14. NAME OF HUSBAND OR WIFE Elsie Murray		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT Mrs. Guy H. Murray		Address Hurdland, Mo			

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive cardiac failure and degeneration		INTERVAL BETWEEN ONSET AND DEATH 12 Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Emphysema		2 yrs.
DUE TO (c) Cirrhosis of liver (non specific)		12 Months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Edina, Missouri	
21. I attended the deceased from July 30, 1962 to August 6, 1962 and last saw her/him alive on Aug 6 - 1962 . Death occurred at 8:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS Edina, Missouri	
22a. SIGNATURE William W. Fletcher, M.D.		22c. DATE SIGNED 8	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8 Aug 1962	23c. NAME OF CEMETERY OR CREMATORY Locust Hill Cemetery	23d. LOCATION (City, town, or county) Knox County Mo
24. FUNERAL DIRECTOR HUDSON-RIMER FUNERAL HOME		25. DATE RECD. BY LOCAL REG. Aug-8-62	
ADDRESS Edina, Mo		26. REGISTRAR'S SIGNATURE Neil S. Hamann	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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Rev. 4/59

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AUG 14 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Jerry L. Davis, Student Embalmer No. 666
working under my personal supervision.

Student Jerry L. Davis
Signature of Student Embalmer

Signed A. H. Rimmer

Licensed Embalmer No. 5041
P. O. Address Edina, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.